

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC <b>Instruction Guide</b> explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)		<b>2</b> Total pages filed: <div style="font-size: 24pt; text-align: center;">13</div>	
<b>3</b> COMMITTEE NAME  ONE CEDAR PARK PAC				<b>OFFICE USE ONLY</b>	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  P.O. BOX 1471 CEDAR PARK TX 78613		<div style="border: 1px solid black; padding: 2px;">Date Received</div> <div style="border: 1px solid black; padding: 2px; margin-top: 10px;"> <div style="font-size: 24pt; text-align: center;">LMK</div> <div style="text-align: right; font-size: 10pt;">18 APR 5 PM 2:40</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <div style="float: left; width: 40%;">Receipt #</div> <div style="float: right; width: 60%;">Amount \$</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Date Imaged</div>	
<b>5</b> CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI MS. KAREN K NICKNAME LAST SUFFIX WIND			
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  1509 MAIN ST CEDAR PARK TX 78613			
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address		STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  SAME AS ABOVE			
<b>8</b> CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION  ( 512 ) 920-3744			
<b>9</b> REPORT TYPE		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15  <input type="checkbox"/> July 15         </div> <div> <input checked="" type="checkbox"/> 30th day before election  <input type="checkbox"/> 8th day before election  <input type="checkbox"/> Runoff         </div> <div> <input type="checkbox"/> Exceeded \$500 limit  <input type="checkbox"/> Dissolution (Attach PAC-DR)  <input type="checkbox"/> 10th day after campaign treasurer termination         </div> </div>			
<b>10</b> PERIOD COVERED		Month Day Year 01 / 26 / 2018 THROUGH 03 / 31 / 2018			
<b>11</b> ELECTION		<div style="display: flex; justify-content: space-between;"> <div> <b>ELECTION DATE</b>            Month Day Year            05 / 05 / 2018         </div> <div> <b>ELECTION TYPE</b>  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input type="checkbox"/> General <input checked="" type="checkbox"/> Special         </div> </div>			

**GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

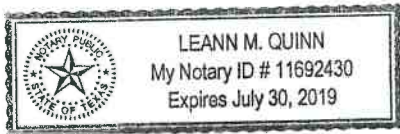
12 COMMITTEE NAME  
ONE CEDAR PARK PAC

13 Filer ID (Ethics Commission Filers)

<b>14 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> <b>CANDIDATE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>  
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>  
	<input checked="" type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b> <b>PROPOSITION A</b>  <b>ELECTION DATE</b> Month Day Year 05 / 05 / 2018  <b>DESCRIPTION</b> Authorizes redirection of 1/8 cent sales tax from Type A Corporation to General Fund for storm water drainage purposes

<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 10.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,178.51
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,559.60
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,629.45
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

## 16 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Karen Wind*  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karen Wind, this the 5th day of April, 2018, to certify which, witness my hand and seal of office.

*Leann M. Quinn* Leann M. Quinn City Sec  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**SUBTOTALS - SPAC****FORM SPAC  
COVER SHEET PG 3****17** COMMITTEE NAME  
ONE CEDAR PARK PAC**18** Filer ID (Ethics Commission Filers)**19** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

- |     |                                     |   |             |
|-----|-------------------------------------|---|-------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS   | \$ 600.00   |
| 2.  | <input checked="" type="checkbox"/> | SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$ 68.51    |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ 0        |
| 4.  | <input checked="" type="checkbox"/> | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                | \$ 500.00   |
| 5.  | <input type="checkbox"/>            | SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ 0        |
| 6.  | <input type="checkbox"/>            | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION                   | \$ 0        |
| 7.  | <input checked="" type="checkbox"/> | SCHEDULE E: LOANS   | \$ 5,000.00 |
| 8.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                     | \$ 3,559.60 |
| 9.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$ 0        |
| 10. | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                    | \$ 0        |
| 11. | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$ 0        |
| 12. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH               | \$ 0        |
| 13. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                  | \$ 0        |
| 14. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER        | \$ 0        |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 2

2 FILER NAME

ONE CEDAR PARK PAC

3 Filer ID (Ethics Commission Filers)

4 Date

02/03/2018

5 Full name of contributor

KATHLEEN COOK

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

609 S COUGAR AVE

CEDAR PARK

TX

78613

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/03/2018

Full name of contributor

TIMOTHY HUDGEONS

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2210 E RIVERIA

CEDAR PARK

TX

78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/03/2018

Full name of contributor

HOWARD HUDGEONS

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2007 VERBENA DR

AUSTIN

TX

78750-1453

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/03/2018

Full name of contributor

KAREN WIND

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

1509 MAIN ST

CEDAR PARK

TX

78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 2

2 FILER NAME

ONE CEDAR PARK PAC

3 Filer ID (Ethics Commission Filers)

4 Date

02/03/2018

5 Full name of contributor

SHANNA HURT

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

2007 VERBENA DR

AUSTIN

TX

78750-1453

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/03/2018

Full name of contributor

REBECCA HART

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

614 ALGERIA DR

GEORGETOWN

TX

78628-2504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/03/2018

Full name of contributor

JAMES SOWLE

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

640 PEREGRINE WAY

LEANDER

TX

78641

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/20/2018

Full name of contributor

DEBORAH CHILDRESS

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

2506 e RIVIERA DR

CEDAR PARK, TX

78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

1 of 2

2 FILER NAME  
ONE CEDAR PARK PAC

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

01/26/2018

6 Full name of contributor ☐ out-of-state PAC (ID#:

KAREN K WIND

7 Contributor address; City; State; Zip Code

1509 MAIN ST

CEDAR PARK, TX 78613

8 Amount of Contribution \$

\$26.00

9 In-kind contribution description

P.O. Box

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

02/04/2018

Full name of contributor ☐ out-of-state PAC (ID#:

KAREN K WIND

Contributor address; City; State; Zip Code

1509 MAIN ST

CEDAR PARK, TX 78613

Amount of Contribution \$

\$10.81

In-kind contribution description

Business & note cards

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 of 2

2 FILER NAME

ONE CEDAR PARK PAC

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

03/31/2018

6 Full name of contributor

☐ out-of-state PAC (ID#)

TIMOTHY HUDGEONS

7 Contributor address;

City; State; Zip Code

12210 E RIVERIA

CEDAR PARK, TX 78613

8 Amount of Contribution \$

\$25.00

9 In-kind contribution description

Facebook boost

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

03/23/2018

Full name of contributor

☐ out-of-state PAC (ID#)

KAREN K WIND

Contributor address;

City; State; Zip Code

1509 MAIN ST

CEDAR PARK, TX 78613

Amount of Contribution \$

\$6.70

In-kind contribution description

Postage

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C1:

1 of 1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

ONE CEDAR PARK PAC

4 Date

5 Corporation / Labor Organization name

7 Amount of contribution (\$)

HALFF ASSOCIATES, INC.

03/20/2018

6 Corporation / Labor Organization address; City; State; Zip Code

\$500.00

1201 NORTH BOWSER ROAD  
RICHARDSON, TX 75081-2275

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1 of 1</b>	
2 FILER NAME  ONE CEDAR PARK PAC		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ 5,000.00	
5 Date of loan 02/18/18	7 Name of lender KAREN K WIND	9 Loan Amount (\$) 5,000.00	
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 1509 MAIN ST CEDAR PARK, TX 78613	10 Interest rate 0%	
		11 Maturity date 06/30/2018	
12 Principal occupation / Job title (See Instructions) RETIRED		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)	
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial institution?  Y <input type="radio"/> N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)	
	Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By:  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>144</b>	2 FILER NAME <b>ONE CEDAR PARK PAC</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>02/16/2018</b>	5 Payee name <b>REBECCA HUCKER</b>	
6 Amount (\$) <b>\$1,000.00</b>	7 Payee address; City; State; Zip Code <b>26001 BUDDE RD, UNIT 3102 SPRING, TX 73830</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE -- DESIGN /OF CAMPAIGN WEBSITE AND SOCIAL MEDIA PAGES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>02/16/2018</b>	Payee name <b>REBECCA HUCKER</b>	
Amount (\$) <b>\$1,000.00</b>	Payee address; City; State; Zip Code <b>26001 BUDDE RD, UNIT 3102 SPRING, TX 73830</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE -- MAINTENANCE OF WEBSITE AND SOCIAL MEDIA PAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>03/20/2018</b>	Payee name <b>DIRT CHEAP SIGNS</b>	
Amount (\$) <b>\$297.69</b>	Payee address; City; State; Zip Code <b>7301 BAR K RANCH RD. LAGO VISTA, TX 78645</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising -- Campaign Signs</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The **Instruction Guide** explains how to complete this form.

1 Total pages Schedule F1: <b>284</b>		2 FILER NAME <b>ONE CEDAR PARK PAC</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>02/23/2018</b>		5 Payee name <b>HILL COUNTRY NEWS</b>			
6 Amount (\$) <b>\$627.00</b>		7 Payee address; City; State; Zip Code <b>P.O. BOX 1777 CEDAR PARK, TX 78630</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Advertising -- newspaper ad</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>02/23/2018</b>		Payee name <b>COMMUNITY IMPACT NEWSPAPER</b>			
Amount (\$) <b>\$555.00</b>		Payee address; City; State; Zip Code <b>16225 IMPACT WAY, SUITE 1 PFLUGERVILLE, TX 78660</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising -- newspaper ad</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>03/23/2018</b>		Payee name <b>ANEDOT, INC.</b>			
Amount (\$) <b>\$1.40</b>		Payee address; City; State; Zip Code <b>4017 BUENA VISTA ST, #109 DALLAS, TX 75204</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Fees -- On-line donation service</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>324</b>	<b>2</b> FILER NAME ONE CEDAR PARK PAC	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/23/2018	<b>5</b> Payee name AMPLIFY CREDIT UNION	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 85300 AUSTIN, TX 78708	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees -- bank service fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 01/26/2017	Payee name U.S.Postal Service	
Amount (\$) \$26.00	Payee address; City; State; Zip Code 500 E Whitestone Blvd Cedar Park, TX 78613	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office overhead / rental expense -- Post Office box rental	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 02/04/2018	Payee name OFFICE DEPOT	
Amount (\$) \$10.81	Payee address; City; State; Zip Code 1105 C-BAR RANCH TRAIL, #C CEDAR PARK, TX 78613	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense -- Business cards & Note Cards	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <div style="font-size: 2em; margin-left: 20px;">4</div>	<b>2</b> FILER NAME <div style="margin-left: 20px;">ONE CEDAR PARK PAC</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="margin-left: 20px;">03/31/2018</div>	<b>5</b> Payee name <div style="margin-left: 20px;">FACEBOOK</div>	
<b>6</b> Amount (\$) <div style="margin-left: 20px;">\$25.00</div>	<b>7</b> Payee address; City; State; Zip Code <div style="margin-left: 20px;">1 HACKER WAY MENLO PARK, CA 94025</div>	
<b>8</b>  <div style="text-align: center;"><b>PURPOSE OF EXPENDITURE</b></div>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <div style="margin-left: 20px;">Advertising -- Fee to boost campaign page</div>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <div style="margin-left: 20px;">01/26/2017</div>	Candidate / Officeholder name <div style="margin-left: 20px;">U.S. Postal Service</div>	
Amount (\$) <div style="margin-left: 20px;">\$6.70</div>	Payee address; City; State; Zip Code <div style="margin-left: 20px;">500 E Whitestone Blvd Cedar Park, TX 78613</div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <div style="margin-left: 20px;">Office overhead / rental expense -- Postage</div>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$) 	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		